

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	3/4/01
FORMALITY REVIEW	LCK	1034	3-9-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/1/02
2	✓	✓	9/1/02
3	✓	✓	9/1/02
4	✓	✓	9/1/02
5	✓	✓	9/1/02
6	✓	✓	9/1/02
7	✓	✓	9/1/02
8	✓	✓	9/1/02
9	✓	✓	9/1/02
10	✓	✓	9/1/02
11	✓	✓	9/1/02
12	✓	✓	9/1/02
13	✓	✓	9/1/02
14	✓	✓	9/1/02
15	✓	✓	9/1/02
16	✓	✓	9/1/02
17	✓	✓	9/1/02
18	✓	✓	9/1/02
19	✓	✓	9/1/02
20	✓	✓	9/1/02
21	✓	✓	9/1/02
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25	✓	✓	9/1/02
26	✓	✓	9/1/02
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28	✓	✓	9/1/02
29	✓	✓	9/1/02
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31	✓	✓	9/1/02
32	✓	✓	9/1/02
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39	✓	✓	9/1/02
40	✓	✓	9/1/02
41	✓	✓	9/1/02
42	✓	✓	9/1/02
43	✓	✓	9/1/02
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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